

**DO NOT
WRITE IN
SPACE** 

<input type="checkbox"/> Dental Services	<input type="checkbox"/> Glasses
<input type="checkbox"/> Medical Equipment/ Prosthetics-Orthotics	<input type="checkbox"/> Vocational/ Retraining
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Home Health/ Nursing Home Services	

F245-072-000 statement for misc services 8-07